

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002371**

GENERATOR (Generator Must Complete)

ALUMINUM CO. OF AMERICA

② Name **VERNON WORKS**

EPA NO. **CAD074126681**

Address **5151 ALCOA AVE** Phone No. **586-6141**

City, State, Zip **VERNON CA 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES INC.**

EPA NO. **CAD080012024**

Address **900 N. POTRERO GRANDE DR.**

City, State, Zip **MONTEREY PARK CA**

④ Alternate TSD Facility

SFUND RECORDS CTR
999000401

Name **CHEMICAL WASTE MANAGEMENT**

EPA NO. **CAT000646117**

Address **P.O. Box 1104 - 430 W. Elm Ave**

City, State, Zip **COALINGA CA 93210**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **47 & 48** ⑦ EX. HAZ. WASTE PERMIT NO. _____ ⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:

	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
⑨ A.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material			%

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **WATER & OIL SLUDGE**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ **James H. Miller** **Foran** **81-05-02**
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **CAD028277036**

ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE _____
TIME _____ ☐ AM ☐ PM

⑯ _____
Signature of Authorized Agent and Title Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING IND Inc** QUANTITY (If Measured) **100 BBL**

EPA NO. **CAT080012024** ⑱ STATE FEE (If Any) **17.50**

PHONE NO. _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME _____

EPA NO. _____

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

K001330
⑳ **James H. Miller**
Signature of Authorized Agent and Title
5-4-81
Date Accepted